

INSTRUCTIONS TO FLYING PARTICIPANTS: Have this form completed by the insurance company which covers the aircraft you plan to use in the flying event. Bring signed form to the event. Do NOT bring your insurance policy or a copy, it cannot be accepted in lieu of a certificate of insurance. A certificate issued on the insurance company's form is acceptable provided it describes or names the event, date(s) of insured's participation and the Limits of Liability and state policy has been endorsed as requested below.**

CERTIFICATE OF INSURANCE

This is to certify to County of San Bernardino Department of Airports

Address: _____
that Policy No. _____ has been issued for period: (Policy effective dates)
from _____ to _____

TO: Aircraft Owner/Insured
Name
Address

covering in accordance with the terms and conditions thereof, the following aircraft:

Make _____ Model _____ Registration # N _____

* Helicopters and Balloons not eligible to participate.

** ADDITIONAL INSURED: This policy has been endorsed to include County of San Bernardino Department of Airport, Apple Valley Airport as additional insured as respect to Department-sponsored flying event(s), for aircraft liability coverage as indicated below.

TYPE OF COVERAGE		LIMITS OF LIABILITY <u>NOT LESS THAN:</u>
1. AIRCRAFT LIABILITY		
() Bodily Injury (Excluding Passengers)		\$100,000. each person \$300,000. each occurrence
Passenger Bodily Injury multiplied by the number of certificated passenger seats in aircraft		\$100,000. each person \$100,000 each occurrence
Property Damage		\$100,000. each accident
OR	() Single Limit Bodily Injury, Including Passengers, and Property Damage (Passenger sub-limit at least \$100,000.)	\$500,000. each occurrence or accident
2. AIRCRAFT PHYSICAL DAMAGE (Hull, optional)		Amount of Insurance
All Risks, Not in Motion, In Motion, In Flight		\$ _____

3. This insurance is in full force and effect with respect to liability arising out of the use of the aircraft in connection with the flying event described as:
to be conducted by the County of San Bernardino Department of Airports on/or
about October 7, 2006 (date)

4. It is the intention of the Company that in the event of cancellation of the policy by the Company, ten (10) day's written notice of such cancellation will be given to you at the address stated above.

BY _____ Name of Insurance
Company _____
Insurance Company Representative _____
Date: _____